©CJA 31 DEATH PENALTY PROC	CEEDINGS: EX PARTE REQUEST FOR AUTHORIZA	TION AND VOUCHER EXPE	RT AND OTH	ER SERVICES (Rev. 5/	99)		
1. CIR./DIST./ DIV. CODE 2. PERSON REPRESENTED VOUCHER NUMBER							
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER	5. APPEALS	OKT./DEF. NU	JMBER	6. OTHER DI	KT. NUMBER	
7. IN CASE/MATTER OF (Case Nam	G Adult Defendant G Habeas	G Appellant G Other G Appellee	GD1 2 GD2 F	RESENTATION TYPE 8 U.S.C. § 2254 Habeas Gederal Capital Prosecuti		D3 28 U.S.C. § 2255 D4 Other	
10. OFFENSE(S) CHARGED (Cite U.	S. Code, Title & Section) If more than one offense, list (1	up to five) major offenses charge	ed, according to	o severity of offense.			
REQUEST AND AUTHORIZATION FOR EXPERT SERVICES							
GAuthorization to obtain the ser GApproval of services already of Signature of	person represented, who is named above, I hereby affirm vice. Estimated Compensation and Zobtained to be paid for by the United States pursuant to the Panel Attorney Government Retained Attorney Name, M.I., Last Name, including any suffix), AND MAI	he Criminal Justice Act. (See In	•	OR Dat	on. I hereby rec	quest:	
		Telephone					
DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions) Output Description of And Justification for Services (See Instructions) 14. COURT ORDER Financial eligibility of the person represented having been established to the			13. TYPE OF SERVICE PROVIDER 11			15 GOther Medical 16 GVoice/Audio Analyst 17 GHair/Fiber Expert 18 GComputer (Hardware/ Software/Systems) 19 GParalegal Services	
satisfactio	on, the authorization requested in Item 11 is hereby grant	ted.	7 G Finge 8 G Accou	rprint Analyst intant	20	GLegal GJury Consultant	
Signature of Presiding Judicial Officer or By Order of the Court Date of Order Nunc Pro Tunc Date			09 G CALR (Westlaw/Lexis, etc.) 22 G Mitigation Specialist 10 G Chemist/Toxicologist 23 G Duplication Services				
Date of Order Repayment or partial repayment G YES G NO	time of	11 G Ballistics (See Instructions) 13 G Weapons/Firearms/Explosive 24 G Other (Specify) 14 G Pathologist/Medical Examiner			(See Instructions) 4 GOther (Specify)		
to be used in connection with a later stage of the proceeding. CHECK NO MORE THAN ONE BOX. Submit a separate voucher for each stage of the OTHER PROCEEDING a. G Pre-Trial e. G Appeal g G Habeas Petition k G Petition for the b G Trial f. G Petition for the h G Evidentiary Hearing u.s. Supreme Court m. G Appeal of Denial of Stay c. G Sentencing u.s. Supreme Court i. G Dispositive Motions writ of Certiorari m. G Petition for Writ of Certiorari to the U.s. Supreme Court Regarding Denial of Stay CLAIM FOR SERVICES AND EXPENSES TO Habeas Petition k G Petition for the m. G Appeal of Denial of Stay m. G Petition for Writ of Certiorari to the U.s. Supreme Court Regarding Denial of Stay FOR COURT USE ONLY							
	CES AND EXPENSES (ation of services with dates)	AMOUNT CLA	AIMED	MATH/TECHN ADJUSTED AM		ADDITIONAL REVIEW	
a. Compensation	,						
b. Travel Expenses (lodging, part c. Other Expenses	king, meals, mileage, etc.)						
	CLAIMED AND ADJUSTED):						
17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS							
TIN:							
Telephone CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM TO							
CLAIM STATUS I hereby certify that the above for these services.	G Final Payment G Interim Payment claim is for services rendered and is correct, and that		ceived paym	ent (compensation or a	pplemental Pay anything of valu		
Signature of 18. CERTIFICATION OF ATTORNE	Y I hereby certify that the services were rendered for t	his case.		Dat			
Signature of Dat							
19. TOTAL COMPENSATION	APPROVED FOR 1 20. TRAVEL EXPENSES	21. OTHER EXPENSES	RT USE	ONLY 22. TOTAL AMO	OUNT APPROV	VED/CERTIFIED	
23. G Either the cost (excluding exp	nenses) of these services does not exceed \$300, or prior a ourt finds that timely procurement of these necessary services.	uthorization was obtained; OR	norization, eve				
	enture of Preciding Judicial Officer		Data		I,,,1	re/Mag. Judga Coda	
Signature of Presiding Judicial Officer 24. TOTAL COMPENSATION 25. TRAVEL EXPENSES 26.		26. OTHER EXPENSES	Date THER EXPENSES 27. To		Judge/Mag. Judge Code TAL AMOUNT APPROVED		
A. Total compensation and exprepresentation is	MENCED AND APPELLATE PROCEEDINGS IN WH sense payments approved to date (include amounts with) sation and expenses) in excess of the statutory threshold	held for interim payments) for i	nvestigative, e	xpert and other services			
Signature of C	Thief Judge, Court of Appeals (or Delegate)		Date			Judge Code	